



INTELLECTUAL DISABILITIES

GED® Accommodation Request Form

This form should be used for candidates whose overall cognitive and adaptive functioning is substantially below average, below the minimum level needed for a diagnosis of a learning disability. This may include individuals who have been diagnosed with conditions such as "Borderline Intellectual Functioning", "Mild Mental Retardation", or "Developmental Disability".

SECTION 1: CANDIDATE'S IDENTIFYING INFORMATION: To be completed by GED® candidate

Complete all information and sign the release statement at the end of the section. Make sure that Sections 1-3 are complete before you submit the form to the GED Chief Examiner™ at the testing center where you plan to take the GED® Tests. The GED Chief Examiner™ will review the form and your documentation and let you know if additional information is required.

First Name: _____ Last Name: _____

Social Security/Social Insurance Number: _____

Date of Birth: _____ / _____ / _____ Age: _____

Address: _____

City: _____ State/Province/Territory: _____ ZIP/Postal Code: _____

Phone Number: (_____) _____ - _____ Email: _____

Release of Information: I grant permission to school officials and my healthcare provider(s) to release my education-related records and/or my medical or psychological records to GED Testing Service® and its designees in connection with my request for testing accommodations. If you are under 18, a parent or guardian must also sign.

Test-Taker's Signature: _____ Date: _____

Parent/Guardian's Name (if Candidate is under 18): _____

Parent/Guardian's Signature (if Candidate is under 18): _____ Date: _____

SECTION 2: REQUESTED ACCOMMODATIONS: To be completed by GED® candidate In consultation with professional diagnostician or advocate

Please indicate which accommodations you are requesting (check all that you are requesting):

- ☐ Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- ☐ Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- ☐ Extended Time: Standard time + 100% (total: 14 hr. 10 min.)
- ☐ Supervised Breaks: 30 minutes testing/5 minutes break
- ☐ Supervised Breaks: 45 minutes testing/10 minutes break
- ☐ Audiocassette with 50% Extended Time (total: 10 hr. 38 min.)*
- ☐ Audiocassette with 100% Extended Time (total: 14 hr. 10 min.)*
- ☐ Scribe*
- ☐ Calculator for Part II of the Mathematics Test
- ☐ Testing in a private room or reduced-distraction room
- ☐ Other (specify, and include a justification below): _____

**Note: accommodations marked with an * are automatically approved with a Private Room to prevent distraction to other test-takers.*

GED® is a registered trademark of the American Council on Education and may not be used or reproduced without express written permission.

SECTION 3: RESULTS OF OBJECTIVE ASSESSMENT
To be completed by professional diagnostician or advocate
(see end of SECTION 4 for information about who can be an advocate)

Name of the disorder(s) for which test accommodations are requested:

Date(s) of assessment: _____

Part 1: The professional diagnostician or an advocate must complete this section. Supporting documentation must be attached to this request form. Documentation is current if the assessment was completed within the last five (5) years.

Documentation must:

1. Include a specific diagnosis
2. Include results from specific objective tests of intelligence and academic achievement (acceptable tests listed below)
3. Document the history of impairment
4. Confirm that the symptoms are not due to other disorders, such as an emotional disorder, physical disorder, or English-as-a-second-language (ESL) factors
5. Provide information on current functional limitations that are likely to affect the candidate's ability to take the test under standard conditions
6. Provide a specific rationale for each requested accommodation

Part 2: *Candidate's background information:* The qualified evaluator must provide a detailed letter or report. Examples of information that may be included:

- ☐ The candidate's educational history (not just the history of using accommodations)
- ☐ The history of the disorder, as well as its impact on academic functioning and functioning in other domains
- ☐ The candidate's levels of adaptive behavior and functioning in activities of daily living
- ☐ The candidate's history of using accommodations
- ☐ The current impact of the disorder on academic performance, employment (if relevant), and other daily activities
- ☐ The candidate's native language (if English is not the candidate's native language, then complete Part 3 below).
- ☐ The age of the initial diagnosis (NOT when the first symptoms appeared, but when the disorder was formally diagnosed)

Part 3: *To be completed only if the candidate's native language is NOT English:* The following information MUST be specified in the diagnostic report

- ☐ The report specifies when the candidate first learned English
- ☐ The report specifies the candidate's current level of proficiency with oral as well as written English
- ☐ The report includes a statement that English-as-a-second-language (ESL) factors are not primarily responsible for the person's current academic difficulties.

Part 4: *Regarding the diagnostic report:* The following information **MUST** be specified in the diagnostic report:

- ☐ Age norms were used for scoring all tests (except when unavailable from the test manufacturer)
- ☐ All test scores are included in the written report (Standard scores and equivalent percentiles)

Part 5: *Measurement of intelligence.* Check which **ONE** of the following acceptable measures of intellectual functioning were administered:

- ☐ WAIS-IV (skip to Part 5a)
- ☐ WAIS-III, if administered on Dec. 31, 2010 or earlier (skip to Part 5b)
- ☐ WISC-IV, if administered within the past 5 years (skip to Part 5c)
- ☐ Kaufman Adolescent & Adult Intelligence Test (KAIT) (skip to Part 5d)
- ☐ Stanford-Binet Intelligence Scale-5 (SB-5) (skip to Part 5d)
- ☐ Reynolds Intellectual Assessment Scales (RIAS) (skip to Part 5d)
- ☐ WJ-III General Intellectual Ability (GIA) (skip to Part 5d)

NOTES: IQ screening measures (e.g., WASI, K-BIT) are NOT acceptable. Older editions of the WAIS are NOT acceptable.

Part 5a: WAIS-IV scores

Verbal Comprehension Index: _____	Perceptual Reasoning Index: _____
Working Memory Index: _____	Processing Speed Index: _____
Full-scale IQ: _____	

Part 5b: WAIS-III scores

Verbal IQ: _____	Performance IQ: _____	Full-scale IQ: _____
-------------------------	------------------------------	-----------------------------

Part 5c: WISC-IV scores

Verbal Comprehension Index: _____	Perceptual Reasoning Index: _____
Working Memory Index: _____	Processing Speed Index: _____
Full-scale IQ: _____	

Part 5d: Other intelligence scores

KAIT Composite Intelligence Index:	_____
RIAS Composite Intelligence Index:	_____
SB-5 Composite (Full-Scale) Intelligence:	_____
WJ-III GIA:	_____

SECTION 4: DOCUMENTING THE ACADEMIC IMPACT**To be completed by professional diagnostician**

3 or more of these tests must have been administered. At least one of these must be a reading test, and at least one must be a math test.

Part 1: Measures of *untimed* achievement:

Insert the Standard scores:

WJ-III Letter-Word Identification	_____
WJ-III Passage Comprehension	_____
WJ-III Word Attack	_____
WIAT-II / WIAT-III Word Reading	_____
WIAT-II / WIAT-III Pseudoword Decoding	_____
WIAT-II / WIAT-III Reading Comprehension	_____
PIAT-R/NU Reading Recognition	_____
PIAT-R/NU Reading Comprehension	_____
WRAT-4 Reading	_____
KTEA-II Letter & Word Recognition	_____
KTEA-II Reading Comprehension	_____
KTEA-II Nonsense Word Decoding	_____
WJ-III Writing Samples	_____
WJ-III Editing	_____
WIAT-II Written Expression	_____
WIAT-III Sentence Composition	_____
WIAT-III Essay Composition	_____
TOAL-4 Written Language Composite	_____
PIAT-R/NU Written Expression	_____
KTEA-II Written Expression	_____
WJ-III Calculation	_____
WJ-III Applied Problems	_____
WJ-III Quantitative Concepts	_____
WIAT-II Math Reasoning	_____
WIAT-III Math Problem Solving	_____
WIAT-III Numerical Operations	_____
PIAT-R/NU Mathematics	_____
KTEA-II Math Computation	_____
KTEA-II Math Concepts & Applications	_____

Part 2: Measurement of *timed* achievement:

Insert the Standard scores:

WJ-III Reading Fluency	_____
Nelson-Denny Vocabulary*	_____
Nelson-Denny Comprehension*	_____
SATA Reading Vocabulary	_____
SATA Reading Comprehension	_____
Gates-MacGinitie Reading Vocabulary	_____
Gates-MacGinitie Reading Compr'n.	_____
GORT-4 Oral Reading Quotient (test-takers <18 years old only)	_____
KTEA-II Word Recognition Fluency	_____
SATA Writing Composition	_____
WJ-III Writing Fluency	_____
TOWL-4 Spontaneous Writing Comp.	_____
WJ-III Math Fluency	_____
SATA Math Calculation	_____
SATA Math Application	_____
WRAT-4 Math Computation	_____

**See Nelson-Denny score conversion table at the end of this form.*

Part 3: Other possible explanations for the disorder have been investigated, considered, and ruled out: As a professional diagnostician, you certify that the following statements are true:

- ☐ You are confident that English-as-a-second-language (ESL) factors are not primarily responsible for the person's academic difficulties.
- ☐ You are confident that a lack of educational opportunity is not primarily responsible for the person's academic difficulties.
- ☐ You are confident that another disorder (e.g., substance use disorder, a psychological or psychiatric disorder, a medical condition or physical impairment) is not primarily responsible for the person's academic difficulties.
- ☐ You are confident that the person's cognitive abilities are sufficiently low that a learning disability diagnosis should not be considered.
- ☐ You are confident that during the psychoeducational evaluation the test-taker was fully engaged and appeared to be putting forth best effort.

Name of Diagnosing Professional: _____

Highest Degree and Area of Specialization: _____

License Number: _____ Expiration Date: ____ / ____ / ____ Issuing State/Province/Territory: ____

Phone Number: (____) _____ - _____ Email: _____

Diagnosing Professional's Signature: _____ Date: _____

If the professional diagnostician is not available, an **Advocate** may help the Candidate complete this form. An Advocate is someone like a nurse or a teacher who helps the candidate request testing accommodations. A family member may not be an Advocate. If you are the Advocate, provide your information below.

Name of Advocate: _____

Relationship to Test-taker: _____ Phone Number: (____) _____ - _____

Advocate's Signature _____ Date: _____

Nelson-Denny Reading Test score conversion

Nelson-Denny scaled scores are based on a mean of 200 and a Standard Deviation of 25. To convert the scaled scores for use on this form:

1. Write the Vocabulary or Comprehension SCALED SCORE (mean = 200) here: _____
2. Subtract 200: _____
3. Divide by 25: _____
4. Multiple by 15: _____
5. Add 100: _____
6. Write the number in the space provided in SECTION 4 Part 2.

SECTION 5: To be completed by the GED Chief Examiner™

Part 1: Evidence of current impairment:

- ☐ The candidate has provided a detailed letter or report from a qualified professional that includes the following:
- Age that symptoms of learning problems first appeared
 - Age of first diagnosis
 - History of the impact of the disorder
 - The current impact of the disorder on academic functioning and other activities of daily living
 - A specific diagnosis
 - Recommended accommodations on the GED® test with specific rationale

Part 2: Evaluator's letter or report:

- ☐ The detailed letter or report from a qualified professional is:
- No more than **5** years old
 - Printed on the evaluator's letterhead
 - Signed by the professional

Part 3: Please review the form to be certain that all sections are complete and that all supporting documentation is included. Missing information may delay the review of the test-taker's request. Sign and date the form before sending it to your GED Administrator™.

GED Chief Examiner™ declaration:

- ☐ I have reviewed this request form and the attached documentation and verify that it is complete.

Chief Examiner Name: _____ 10-Digit Center ID #: _____

Test Center Name: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email: _____

GED Chief Examiner's™ Signature: _____ Date: _____

SECTION 6: To be completed by GED Administrator™

Please review the form to be certain that all sections are complete and that all supporting documentation is included.

- ☐ This application is incomplete and requires the following missing information before it can be reviewed:

GED Administrator's™ Signature: _____ Date: _____

- ☐ This application is complete and the following accommodations are approved:

- ☐ Extended Time: Standard time + 25% (total: 8 hr. 53 min.)
- ☐ Extended Time: Standard time + 50% (total: 10 hr. 38 min.)
- ☐ Extended Time: Standard time + 100% (total: 14 hr. 10 min.)
- ☐ Supervised Breaks: 30 minutes testing/5 minutes break
- ☐ Supervised Breaks: 45 minutes testing/10 minutes break
- ☐ Audiocassette with Extended Time – 50% (total: 10 hr. 38 min.)
- ☐ Audiocassette with Extended Time – 100% (total: 14 hr. 10 min.)
- ☐ Scribe
- ☐ Calculator for Part II of the Mathematics Test
- ☐ Talking Calculator for the entire Mathematics Test
- ☐ Other:

- ☐ Private Room (due to approval of Audiocassette/Scribe/Talking Calculator)
- ☐ Other (specify):

- ☐ This application has been formally reviewed by the GED Administrator™ but, for the following reason(s) it has been forwarded to GED Testing Service® for review:

GED Administrator's™ Signature: _____ Date: _____

Phone Number: (_____) _____ - _____ Email: _____